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## BIB DATA SHEET

CONFIRMATION NO. 1866

|  |   |                                    |   |  |                                |
|--|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/527,835   | <b>FILING or 371(c) DATE</b><br>09/06/2005<br><b>RULE</b>   | <b>CLASS</b><br>128                | <b>GROUP ART UNIT</b><br>3771   | <b>ATTORNEY DOCKET NO.</b><br>12684.0014USWO |                                |
| <b>APPLICANTS</b><br>Roland Stangl, Moosburg, GERMANY;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/10405 09/18/2003      yes CB<br><b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 102 43 371.2 09/18/2002      yes CB<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>07/02/2007 |   |                                    |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /CHRISTOPHER<br>Acknowledged JAMES BLIZZARD/<br>Examiner's Signature  | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWINGS</b><br>5   | <b>TOTAL CLAIMS</b><br>12                    | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>MERCHANT & GOULD PC<br>P.O. BOX 2903<br>MINNEAPOLIS, MN 55402-0903<br>UNITED STATES  |   |                                    |   |  |                                |
| <b>TITLE</b><br>Aerosol therapy device   |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1030   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |